

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS



COLLEGE FEE WAIVER PROGRAM FOR VETERANS DEPENDENTS PLEASE READ THE INSTRUCTIONS AND INFORMATION CONTAINED ON THE REVERSE SIDE

I. STUDENT INFORMATION

Last Name: _____ First: _____ MI: _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Phone #: (____) _____ -- _____ Marital Status: ☐ Married ☐ Single

Street Address: _____ City: _____ State: _____ Zip: _____

YOUR relationship to veteran in Section III below: _____

Are YOU (the student) a veteran? ☐ NO ☐ YES (if yes, submit a copy of your separation document or DD-214)

HAVE YOU APPLIED FOR THIS BENEFIT BEFORE? ☐ YES ☐ NO
ARE YOU CURRENTLY A RESIDENT OF CALIFORNIA? ☐ YES ☐ NO

ARE YOU receiving, OR ARE YOU CURRENTLY eligible to receive VA EDUCATIONAL BENEFITS UNDER CHAPTER 35? ☐ YES ☐ NO

ADJUSTED GROSS INCOME (AGI) of student from last year (January 1st through December 31st): \$ _____

*NOTE: Refer to "HOW TO APPLY" on the reverse for required statements.

ANNUAL VALUE OF SUPPORT (housing assistance, transportation, books and supplies) received from a parent: \$ _____

*NOTE: Under Plan B, the total amount of the child's income and value of support, as listed above, cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31st of last year.

II. SCHOOL INFORMATION

CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend: _____

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: _____

III. VETERAN INFORMATION

Name served under: Last Name: _____ First: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ - _____ Branch of Service: _____ Service Number: _____

Date of Birth: ____/____/____ Date of Death (if applicable): ____/____/____ SSN#: _____ - _____ - _____

Dates of Active Duty service FROM: _____ UNTIL: _____ VA Claim #: _____

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: _____ %

If the veteran is deceased, was the death "service-connected," or did the veteran have a service-connected disability at the time of death? ☐ YES ☐ NO

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CDVA) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, Employment Development Department and the Franchise Tax Board, to release information regarding my service-connected disability rating and/or income to CDVA with the understanding that the department will keep such information confidential. Further, I understand that educational benefits may be denied if any information is found to be incomplete or inaccurate.

Signature of PARENT OR VETERAN: _____ Date: ____/____/____

(If Parent or Veteran is unable to sign, a statement as to why the veteran is unavailable must be attached)

Signature of STUDENT: _____ Date: ____/____/____

WHAT ARE THE BENEFITS:

Waiver of all mandatory system wide tuition and fees at any State of California Community College, Campus of the University of California, or Campus of the California State University system. The waiver of fees is applicable only at these Colleges. Nothing shall prevent the above institutions from charging nonresident fees.

WHO MAY APPLY:

- **Students must meet California residency requirements according to the school they will be attending. (The colleges will make final residency determinations)**
- AND
- **Who meet the requirements of *at least one* of the following plans.**

PLAN A: The spouse, child or unmarried surviving spouse or registered domestic partner (RDP) of a veteran who is totally service-connected disabled or who has died of service-related causes, may qualify. The veteran must have served during a "qualifying war period." This program does not have an income limit. A child must be under 27 years of age to receive the fee waiver benefit. The age limit is extended to 30 years of age if the child is a veteran. There are no age limits for a spouse, surviving spouse or RDP. *Note: a dependent cannot receive this benefit if they are in receipt of VA Chapter 35 benefits,

OR,

PLAN B: The child (no age limit) of a veteran who has a service-connected disability, or had a service-connected disability at the time of death, or who died of service-related causes, may also qualify for a waiver of fees. The child's income, which includes the student's **ADJUSTED GROSS INCOME, PLUS THE VALUE OF SUPPORT** provided by a parent, *cannot exceed the "national poverty level" as published by the U.S. Census Bureau on December 31st of last year.* *NOTE: This figure changes annually. To obtain the applicable national poverty level, contact your local County Veterans Service Office (CVSO). See "Where to apply" below.

NOTE: (1) Similar benefits may be available to Medal of Honor recipients, their children, and the dependents/survivors of a member of the California National Guard who was killed or permanently disabled while in service to the state. (2) Benefits under the above plans may be available to certain dependents/survivors of veterans who have a California "Certificate of Registered Domestic Partnership."

HOW TO APPLY:

(1) This form must be fully completed, signed by the student and the veteran, and all questions must be answered. If a question does not apply, write "N/A" (not applicable.)

(2) A Child, under PLAN B, must submit either a copy of their federal income tax form 1040 or state income tax form 540, from "Last Year" or, if a child does not have a copy of their income tax, or if a child did not file a return, they must submit a *statement* from the Internal Revenue Service or the Franchise Tax Board which must verify the amount of adjusted gross income or the fact that a return was not filed. **NOTE**: Current academic year entitlement is based upon last year's adjusted gross income and value of support. i.e.: If applying for benefits for academic year 2007-2008, the total amount of your reported adjusted gross income and value of support from calendar year 2006 will be used to determine eligibility.

(3) If you are a "child" of a veteran, a parent must also sign this application to verify the "value of support" you receive or do not receive from your parents. If a parent is unable to sign this form, a statement as to why the parent is unavailable must be attached.

WHEN TO APPLY:

Always try to apply for these benefits prior to attending school. Benefits are awarded on an academic year basis and students are required to reapply each year for ongoing benefits. **NOTE:** The earliest effective date fee waiver benefits may be awarded is the first day of the academic year in which an application is received.

WHERE TO APPLY:

To obtain applications, information and to apply for benefits under this program, contact your local County Veterans Service Office (located in the "Government Listings" section of your telephone book under "County Government Offices"), or on their website at: www.cacvso.org.

YOU MAY BE ENTITLED TO ADDITIONAL VETERANS BENEFITS

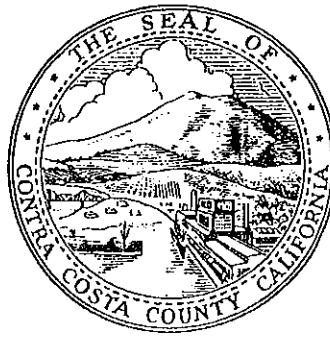
TO FIND OUT MORE ABOUT THE BENEFITS YOU HAVE EARNED, VISIT OUR WEBSITE AT: www.cdva.ca.gov

PRIVACY NOTIFICATION

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is voluntary and will be used for the purposes of identification and to determine eligibility for benefits under the provisions of the Military and Veterans Code, Sections 890 through 899 and 980 and Education Code, Section 66025.3 (previously 32320). The program is administered by: Chief, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814, phone (916) 653-2573. Failure to provide requested information may result in the delay or denial of benefits. Individuals may review available personal records during normal business hours. Appeals of denied benefits shall be filed with the Chief, Veterans Services Division (note address above). Appeals must be in writing, stating the reasons you feel the benefits should be granted, and filed within 90 days after the date of the "letter of denial."

**Contra Costa County
Veterans Service Office**

- ☒ 10 Douglas Drive, # 100
Martinez, CA 94553-4078
(925) 313-1481 FAX (925) 313-1490
- ☐ 100 - 37th Street, Room 1033
Richmond, CA 94805
(510) 374-3241 FAX (925) 374-7955



PHILLIP A. MUNLEY
County Veterans
Service Officer

Jill Martinez
Branch Office Manager

COLLEGE FEE WAIVER PROGRAM

The application form DVS 40 must be completed with appropriate income verification attached for Plan B (see below) and returned to the Martinez office listed above for processing. The eligibility requirements for Plan A, Plan B and Plan C are listed on the reverse side of the DVS 40 form.

DO NOT WAIT TO SUBMIT THE APPLICATION AT THE LAST MOMENT PRIOR TO THE SCHOOL REQUESTING PAYMENT OF TUITION AND FEES. It is the responsibility of the applicant to submit completed applications well in advance to allow for processing time. Please see checklist on riverside side.

VERIFICATION IF INCOME, PLAN B

“National Poverty Level” \$10,787.00 for academic year 2008/2009.

Under Plan B, a student's Adjusted Gross Income (AGI) shall be verified with a copy of the return filed with the Internal Revenue Service – IRS (1040, 1040EZ, TeleFile) or similar Franchise Tax Board – FTB form, or if a copy is not available, a statement from the IRS or FTB must be provided verifying AGI or the fact there is no record of a return being filed. IRS and FTB statements may be obtained by calling the IRS at 1-800-829-1040, or FTB at 1-800-852-5711. IRS forms W-2 will not be accepted as proof of AGI. In cases where a student, on the DVS 40, reports \$0 AGI and \$0 value of support, a certified statement must be completed which states how the student can afford to attend school. (VA form 21-4138 is acceptable.)

VERIFICATION OF DEPENDENCY – SEE REVERSE

Thank you for applying for this special benefit which recognizes the sacrifice and service of our service-connected disabled veterans.

Phillip A. Munley
County Veterans Service Officer

CHECKLIST

COLLEGE FEE WAIVER PROGRAM

PLEASE MAKE SURE THE COLLEGE FEE WAIVER APPLICATION IS COMPLETE. MAKE SURE YOU COMPLETE THE FOLLOWING STEPS:

1. Sign the application. The application requires the signature of BOTH the veteran/parent AND student.
2. Check to make sure the application reflects the estimated value of parental support in addition to the student's adjusted gross income for tax year _____.
3. Provide a copy of IRS 1040, 1040EZ, or comparable State of California tax return form for the appropriate tax year. Make sure the copy is signed by the student.
4. If a tax return was not filed, obtain a statement from IRS stating that a tax return was not filed by the student for that tax year.
5. **Verification of dependency/relationship is required.**
Biological child needs to provide copy of birth certificate. Stepchild needs to provide copy of birth certificate and copy of marriage certificate of veteran and child's biological parent. Adopted child needs to provide court order of adoption and copy of birth certificate. Step adopted child must provide same as adopted child and copy of marriage certificate of veteran and adopted child's parent. Dependency may be verified if USDVA has already adjudicated a dependents relationship.

Request for Transcript of Tax Return

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service

► Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.

OMB No. 1545-1872

► Request may be rejected if the form is incomplete, illegible, or any required
line was blank at the time of signature.

FAX TO 559-253-4990

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. ☐

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days. ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days. ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days. ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

